
EDITORIAL

Re-Claim the Condition: The Shifting Roles of PCPs and Urologists

It has become quite evident that patients who present with urologic symptoms play a large role in the typical primary care physician's practice... Examples of conditions where the family physician is either the "first-line responder" or part of the patient's follow up management are: hematuria; elevated prostate-specific antigen (PSA) levels; phimosis; acute or recurrent urinary tract infections (UTIs); incontinence (stress, urgency, or overflow); prostatitis; benign prostatic hyperplasia (BPH); lower urinary tract symptoms (LUTS); overactive bladder (OAB); and prostate cancer."¹

This was the beginning of my editorial in this journal's supplement "Urology Update for Primary Care Physicians 2011". That was a follow up and update to previous supplements, because our needs analysis demonstrated that primary care physicians (PCPs) were embracing the concept of primary diagnosis and management of many urologic problems. You wanted the latest information.

Under the direction of the Society of Urologic Surgeons of Ontario (SUSO) we will be holding another face-to-face Urology Update for PCPs. This unique CME-accredited event consists of five didactic lectures. After each lecture, there are roundtable discussions where eight family doctors get to sit with a local urologic expert, ask questions, discuss relevant cases, and receive feedback about patient management strategies.

This supplement, which has been developed under the auspices and approval of SUSO, will be available on the morning of the CME event. In addition to updating our previous supplement articles about OAB, BPH, erectile dysfunction/testosterone and PSA, we have added articles on the diagnosis and management of UTIs and what is significant hematuria. As well, I have introduced an "Emerging Therapies" article to provide the latest news about urologic pharmacotherapies in Canada.

The theme of this supplement and the CME event is "Re-Claim the Condition." I believe that there are many urologic conditions for which, with the latest diagnostic and medical techniques, primary management of the patient can be moved from the urologist to the family physician, and sometimes from the oncologist back to the urologist. The continuum of the urologic team approach can provide the most effective and expeditious management of the patient and the best outcomes. The articles in this supplement can help guide the PCP in knowing when to escalate treatment, if the desired patient outcome is not achieved.

I have been very gratified by the feedback we have received about the previous supplements. They have been distributed and requested by physicians throughout North America and in many European countries. Many PCPs have termed it their "Bible in Urology Management." I hope that you will refer to and enjoy this latest "Urology Update for Primary Care Physicians for 2013" Canadian Journal of Urology supplement.

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References

1. Barkin J. Urology issues and their impact on primary care practice. *Can J Urol* 2011;18(Suppl 1):1.